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PATENT & TRADEMARK OFFICE
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Zoran Krivokapic

Serial No.: 09/592,124

Filed: June 12, 2000

Group Art Unit: 2823

Before the Examiner: Pham, Long

Title: METHOD AND SYSTEM FOR FORMING A LONG
CHANNEL DEVICE**REQUEST FOR REINSTATEMENT OF APPEAL**
UNDER 37 C.F.R. §1.193(b)(2)(ii)

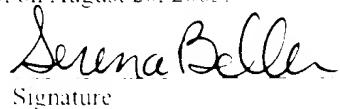
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action (Paper No. 12) having a mailing date of May 20, 2003, reopening prosecution of the above-referenced Application, Applicant respectfully requests reinstatement of the Appeal.

CERTIFICATION UNDER 37 C.F.R. § 1.8

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Signature

Serena Beller
(Printed name of person certifying)

A supplemental appeal brief is filed herewith. M.P.E.P. §1208.02.

Respectfully submitted,

WINSTEAD SECHREST & MINICK P.C.

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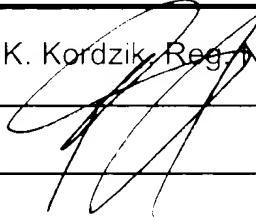
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	Application Number 09/592,124 Filing Date 06/12/2000 First Named Inventor Zoran Krivokapic Group Art Unit 2823 Examiner Name Pham, Long Total Number of Pages in This Submission 13 Attorney Docket Number F0056/1663P
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ENCLOSURES *(check all that apply)*

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fcc Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Request for Reinstatement of Appeal; and Postal Receipt Card
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kelly K. Kordzik, Reg. No. 36,571
Signature	
Date	08/20/2003

CERTIFICATE OF MAILING

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